

**ELEVENTH CIRCUIT TRANSCRIPT INFORMATION FORM****PART I. TRANSCRIPT ORDER INFORMATION**

*Appellant to complete and file with the District Court Clerk within 10 days of the filing of the notice of appeal in all cases, including those in which there was no hearing or for which no transcript is ordered.*

Short Case Style: United States vs Jacob Warner

District Court No.: 2:06-cr-275-WKW Date Notice of Appeal Filed: 1/23/08 Court of Appeals No.: \_\_\_\_\_  
(If Available)

CHOOSE ONE: ☐ No hearing ☐ No transcript is required for appeal purposes ☐ All necessary transcript(s) on file  
☒ I AM ORDERING A TRANSCRIPT OF THE FOLLOWING PROCEEDINGS:

*Check appropriate box(es) and provide all information requested:*

HEARING DATE(S) JUDGE/MAGISTRATE COURT REPORTER NAME(S)

☐ Pre-Trial Proceedings \_\_\_\_\_

☐ Trial \_\_\_\_\_

☒ Sentence January 17-18, 2008 Judge Watkins Talitha Lovin

☐ Other \_\_\_\_\_

**METHOD OF PAYMENT:**

- ☐ I CERTIFY THAT I HAVE CONTACTED THE COURT REPORTER(S) AND HAVE MADE SATISFACTORY ARRANGEMENTS WITH THE COURT REPORTER(S) FOR PAYING THE COST OF THE TRANSCRIPT.
- ☒ CRIMINAL JUSTICE ACT. Attached for submission to District Judge/Magistrate is my completed CJA Form 24 requesting authorization for government payment of transcript. [A transcript of the following proceedings will be provided ONLY IF SPECIFICALLY AUTHORIZED in Item 13 on CJA Form 24: Voir Dire; Opening and Closing Statements of Prosecution and Defense; Prosecution Rebuttal; Jury Instructions.]

Ordering Counsel/Party: John M. Poti

Name of Firm: Law Office of John M. Poti

Street Address/P.O. Box: 696 N. Silver Hills Drive, STE 102

City/State/Zip Code: Prattville, AL 36066 Phone No. : (334) 361-3535

*I certify that I have completed and filed PART I with the District Court Clerk, sent a copy to the appropriate Court Reporter(s) if ordering a transcript, mailed a filed copy to the Court of Appeals Clerk, and served all parties.*

DATE: 1/25/08 SIGNED: s/John M. Poti Attorney for: Jacob Warner

**PART II. COURT REPORTER ACKNOWLEDGMENT**

*Court Reporter to complete and file with the District Court Clerk within 10 days of receipt. The Court Reporter shall send a copy to the Court of Appeals Clerk and to all parties.*

Date Transcript Order received: \_\_\_\_\_

☒ Satisfactory arrangements for paying the cost of the transcript were completed on: \_\_\_\_\_

☐ Satisfactory arrangements for paying the cost of the transcript have not been made.

No. of hearing days: \_\_\_\_\_ Estimated no. of transcript pages: \_\_\_\_\_ Estimated filing date: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_ Phone No. : \_\_\_\_\_

NOTE: The transcript is due to be filed within 30 days of the date satisfactory arrangements for paying the cost of the transcript were completed unless the Court Reporter obtains an extension of time to file the transcript.

**PART III. NOTIFICATION THAT TRANSCRIPT HAS BEEN FILED IN DISTRICT COURT**

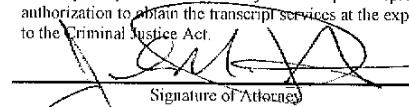
*Court Reporter to complete and file with the District Court Clerk on date of filing transcript in District Court. The Court Reporter shall send a copy to the Court of Appeals Clerk on the same date.*

This is to certify that the transcript has been completed and filed with the district court on (date): \_\_\_\_\_

Actual No. of Volumes and Hearing Dates: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Court Reporter: \_\_\_\_\_

CJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (Rev. 12/03)

1. CIR./DIST./DIV. CODE		2. PERSON REPRESENTED Jacob Warner		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 2:06-cr-275-WKW		5. APPEALS DKT./DEF. NUMBER	
6. OTHER DKT. NUMBER					
7. IN CASE/MATTER OF (Case Name) United States v. Warner		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	
				10. REPRESENTATION TYPE (See Instructions) CC	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> 18 USC 641, Theft of Government Property					
<b>REQUEST AND AUTHORIZATION FOR TRANSCRIPT</b>					
12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly) Appeal					
13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). <i>NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14).</i> Sentencing held on January 17-18, 2008					
14. SPECIAL AUTHORIZATIONS					JUDGE'S INITIALS
A. Apportioned Cost _____ % of transcript with (Give case name and defendant)					
B. <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly Transcript <input type="checkbox"/> Realtime Unedited Transcript					
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions					
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.					
15. ATTORNEY'S STATEMENT  As the attorney for the person represented who is managed above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act.   _____ Signature of Attorney  John M. Poti Printed Name Telephone Number: (334) 361-3535 <input checked="" type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization			16. COURT ORDER  Financial eligibility of the person represented having been established to the Court's satisfaction the authorization requested in Item 15 is hereby granted.  _____ Signature of Presiding Judge or By Order of the Court  _____ Date of Order    _____ Nunc Pro Tunc Date		
<b>CLAIM FOR SERVICES</b>					
17. COURT REPORTER/TRANSCRIBER STATUS  <input type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other			18. PAYEE'S NAME AND MAILING ADDRESS		
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE			Telephone Number: _____		
20. TRANSCRIPT	INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED
Original				\$0.00	
Copy				\$0.00	
Expense (Itemize)					
<b>TOTAL AMOUNT CLAIMED:</b>					\$0.00
21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services.  Signature of Claimant/Payee _____ Date _____					
<b>ATTORNEY CERTIFICATION</b>					
22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received.  _____ Signature of Attorney or Clerk    _____ Date					
<b>APPROVED FOR PAYMENT — COURT USE ONLY</b>					
23. APPROVED FOR PAYMENT  _____ Signature of Judge or Clerk of Court    _____ Date					24. AMOUNT APPROVED